

UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF INDIANA
INDIANAPOLIS DIVISION

Dillinger, LLC,

Plaintiff,

v.

Case No. 1:12-cv-0714 WTL MJD

The Pour House On Lincoln, Inc., Mary Olsen,
William Olsen, and Donald Druse,

Defendants.

EXHIBIT A

RETURN OF SERVICE BY CMRRR:

DEFENDANT, THE POUR HOUSE ON LINCOLN, INC.

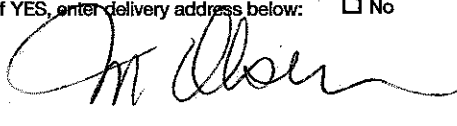
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY						
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>The Pour House on Lincoln, Inc. c/o Mary Olsen, Registered Agent 6965 W Hobart Avenue Chicago, IL 60631</p> </div>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>X</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <div style="text-align: center; margin-top: 10px;">  </div> <p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Certified Mail</td> <td><input type="checkbox"/> Express Mail</td> </tr> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> C.O.D.</td> </tr> </table> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail						
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise						
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.						
<p>2. Article Number (Transfer from service label)</p>	<p>7011 2000 0002 0745 5077</p>						
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>							

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